



Family involvement in hospital care after major surgery – Is it feasible?

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DISCLOSURE SLIDE / LEARNER GOALS

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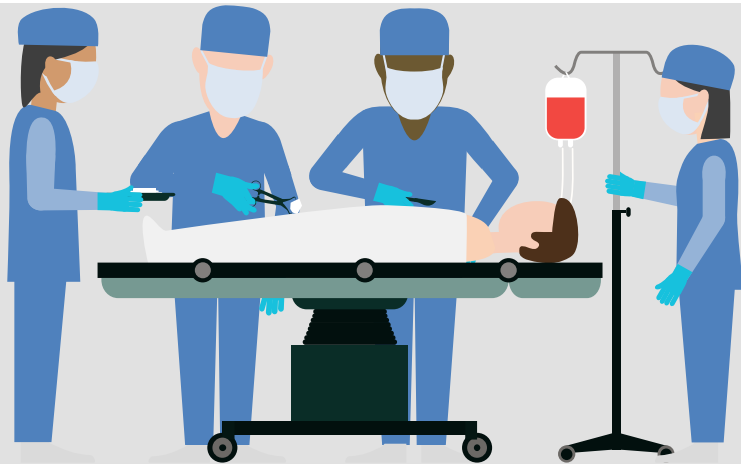
Learning objective:

1. The learner will be able get insight in how our hospital made an attempt toward a patient- and family centered environment
2. The learner will be able to get insight in the experiences (i.e. satisfaction) of patients, family caregivers and healthcare professionals regarding the active involvement of FCs in postoperative care.

“Patients at home receive care by their loved ones, patients in hospitals are surrendered to strangers”



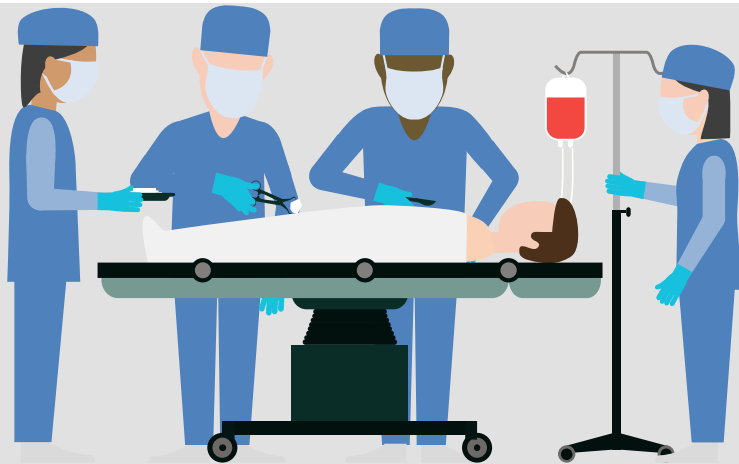
BACKGROUND



Unplanned readmission rate after abdominal surgery: **30%**¹

- Potentially preventable by optimizing patient and caregiver education, communication and transition of care²

HYPOTHESIS



The active involvement of family caregivers in postoperative care

- FCs deliver adequate fundamental care

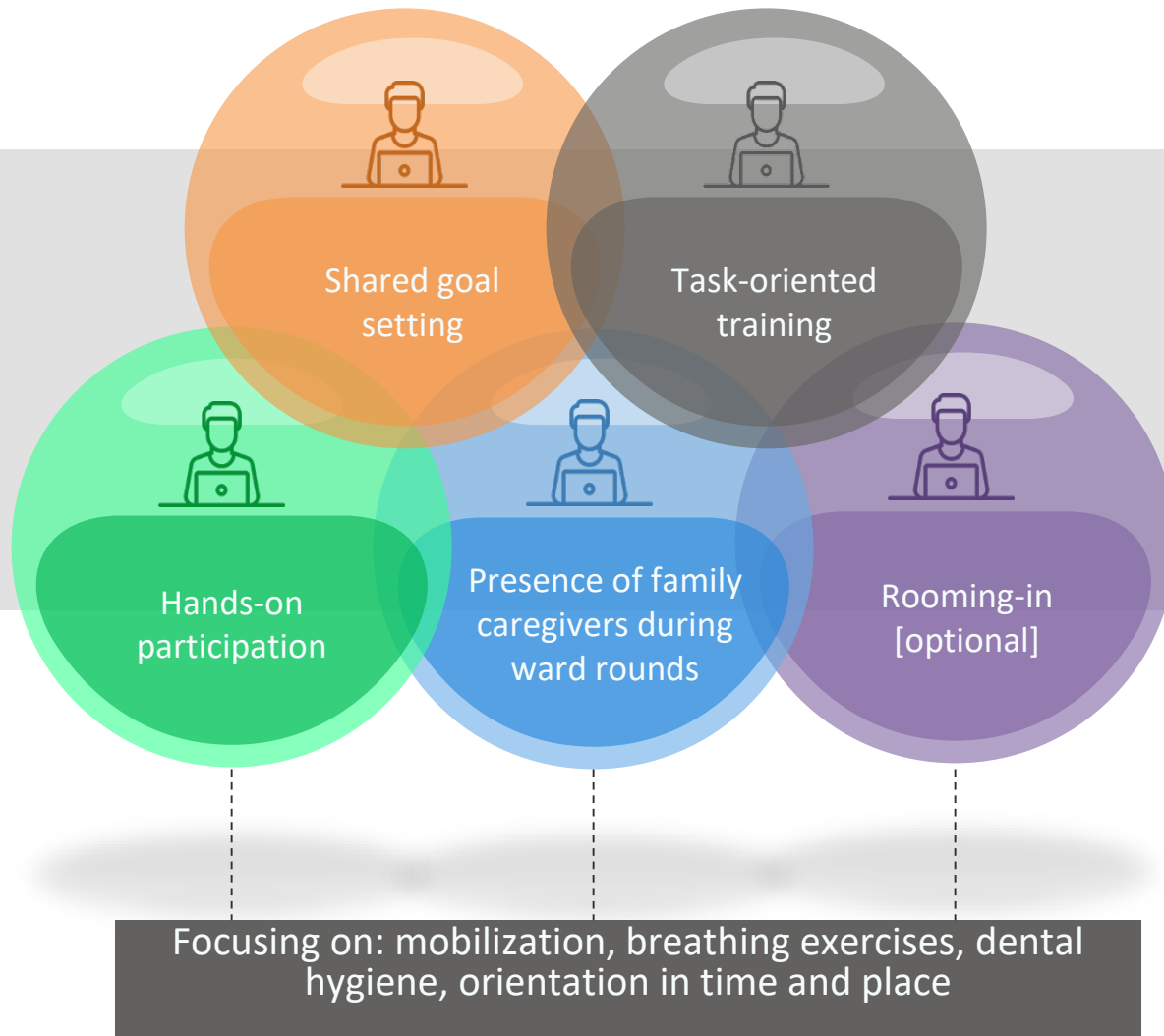
Improved family's discharge preparedness

- Lower risk of unplanned readmissions

Contributes to routinely execution of fundamental care activities during hospitalization and after discharge

- Lower risk of postoperative complications sensible for fundamental care activities

FAMILY PROGRAM



AIM

1. Is the program feasible for family caregivers, patients and health care professionals?
2. Does the program lead to a difference in “delivered care”?
3. Does the program influence clinical outcomes?



METHODS

Pilot study: pragmatic controlled study (March – October 2017)

Two surgical wards

Patients:

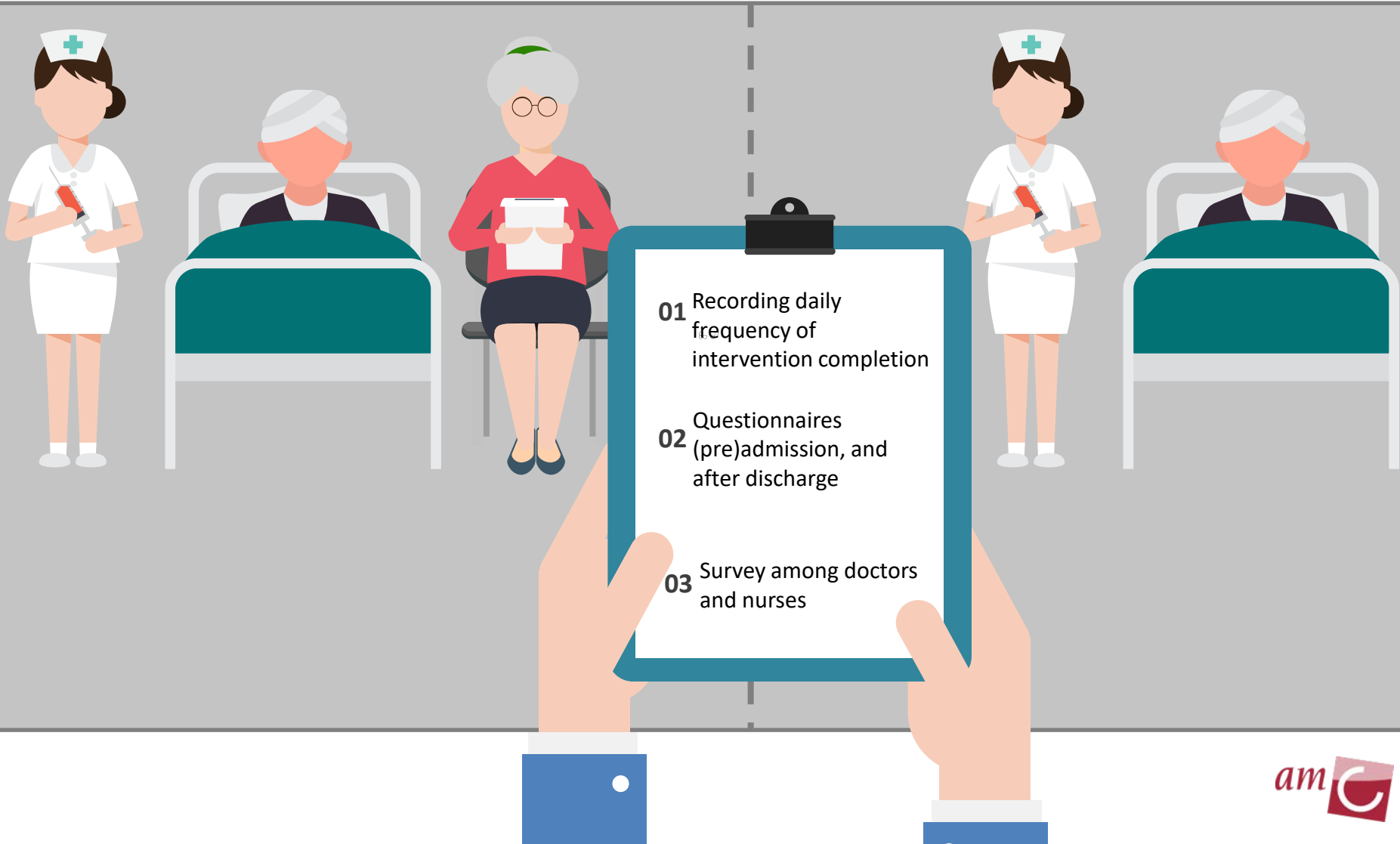
- Adult patients with pancreatic or esophageal cancer who undergo major surgery
- Expected hospital stay ≥ 5 days
- Suitable family caregiver



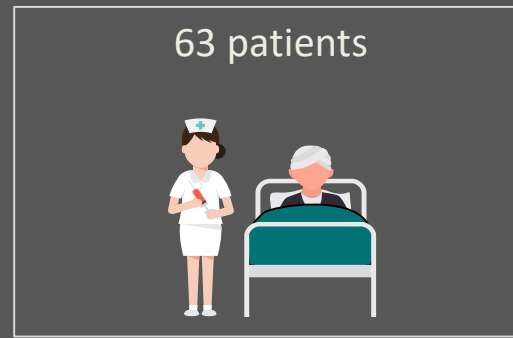
Outcomes:

- Satisfaction of the program valued by patients, family caregivers and healthcare professionals
- Adherence to the program
- Caregiver burden
- Clinical outcomes (e.g. incidence of complications and unplanned hospital readmissions within 30 days of discharge)

METHODS



PATIENTFLOW



No family caregiver available (n=12)

Wish to participate (n=23)

Refused to participate (n=28)

Did not receive family program due to prolonged admission to the ICU directly after surgery or tumor unresectable (n=3)

Written informed consent to act as control (n=22)

Family program
N= 20 patients
N= 26 family caregivers

Not able to act as control due to prolonged admission to the ICU directly after surgery or tumor unresectable (n=2)

Control group:
N= 20 patients

RESULTS

Feasibility

- No drop-outs of family caregivers
- 96% would act again as family caregiver
- 96% would recommend the program to others
- 92% felt better prepared for discharge

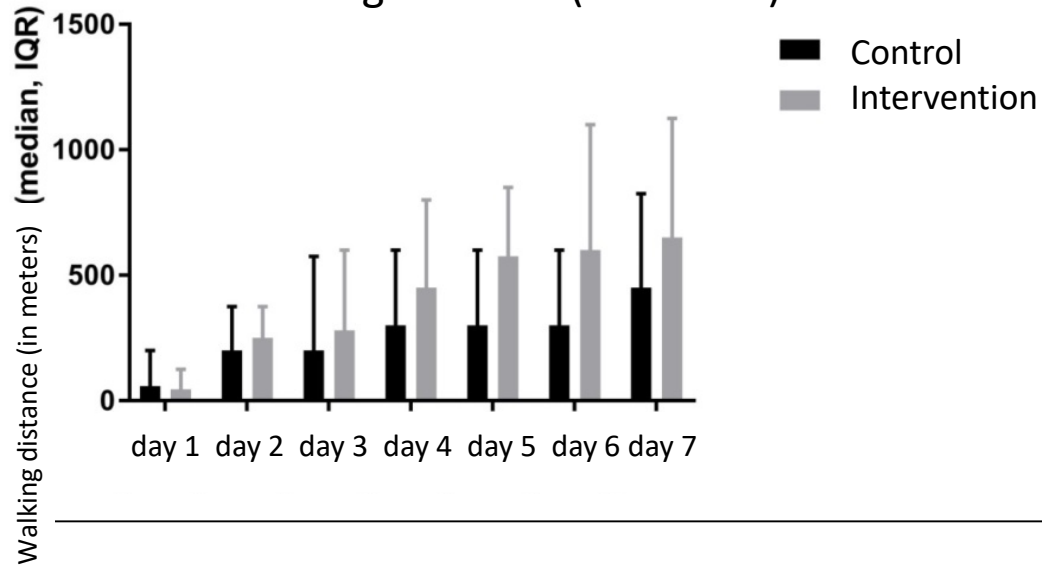
Mean rating quality hospital care (1-10)

- With family caregiver: 9,1
- Without family caregiver: 7,1

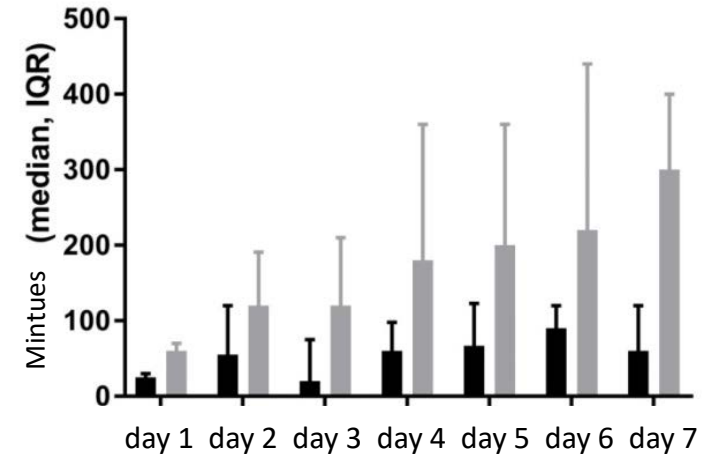


ACTIVITIES

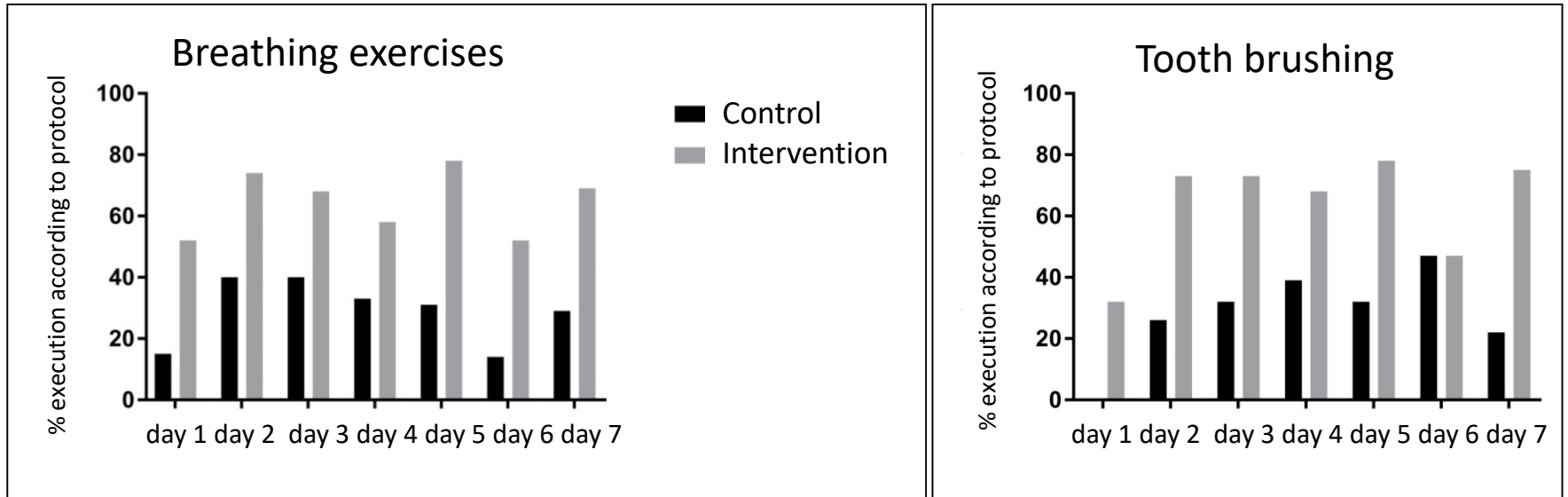
Walking distance (in meters)



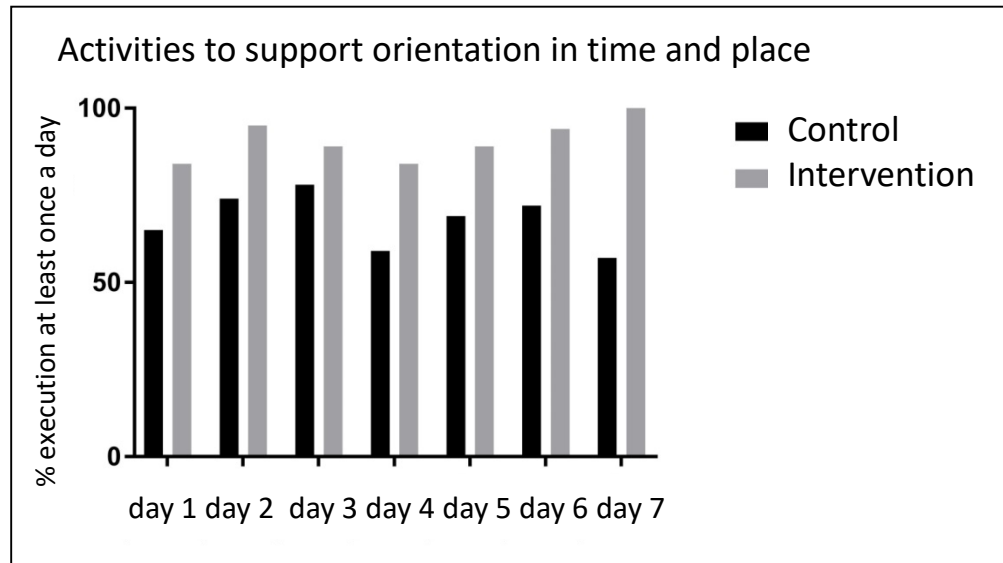
Minutes sitting in chair



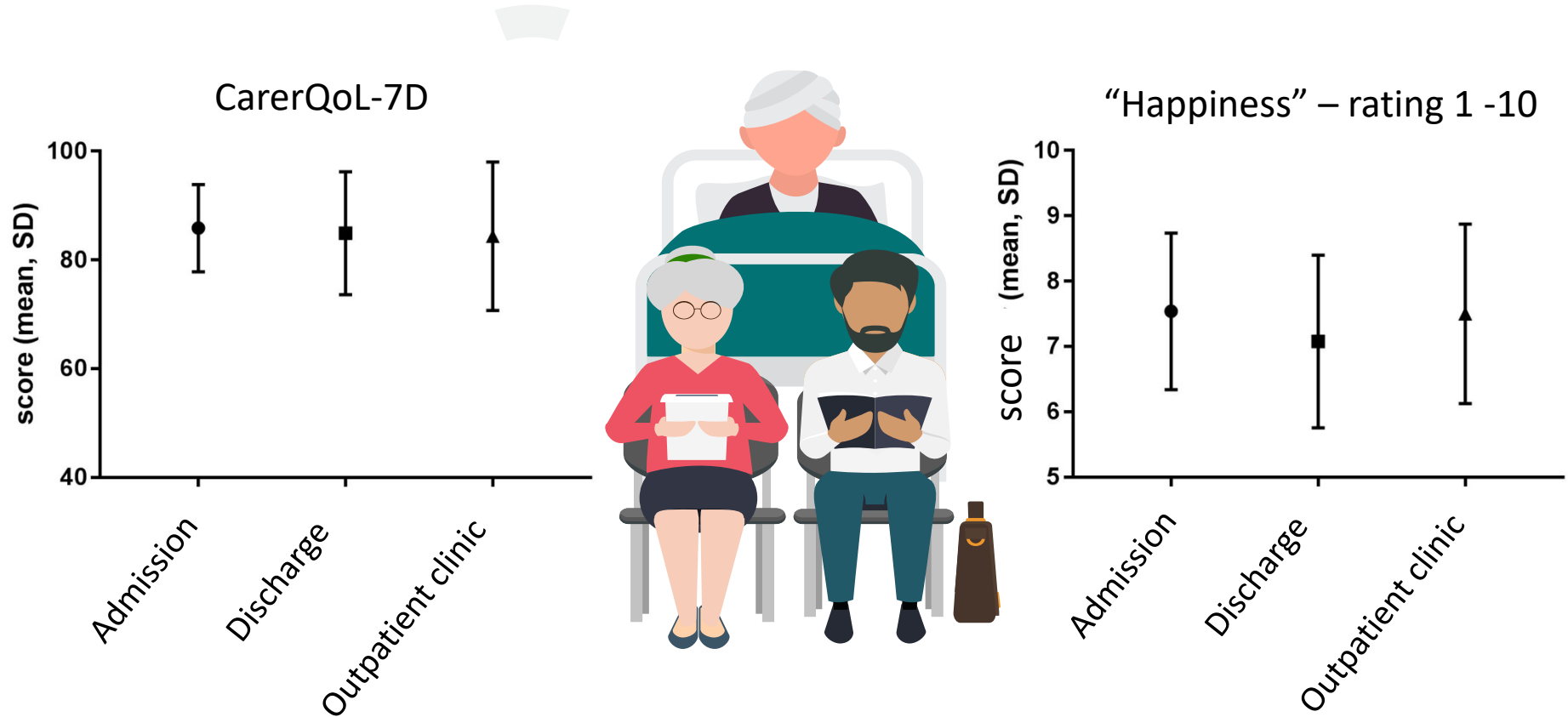
ACTIVITIES



ACTIVITIES

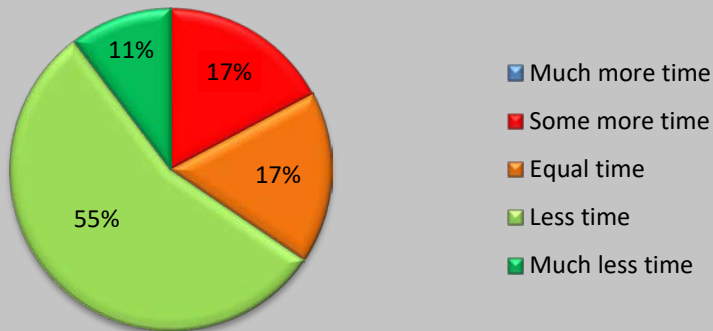


CAREGIVER BURDEN

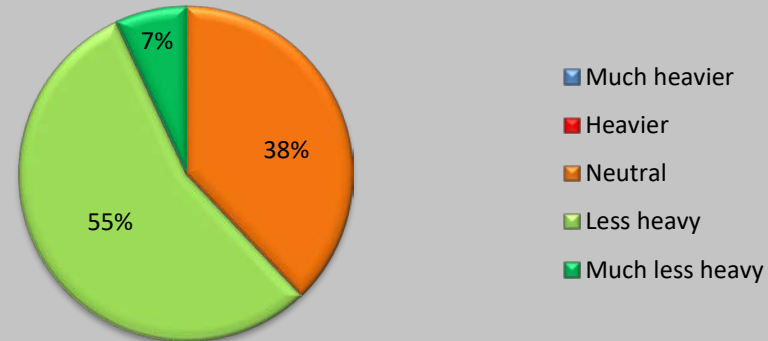


SATISFACTION NURSES

A patient with a family carer generally costs me:



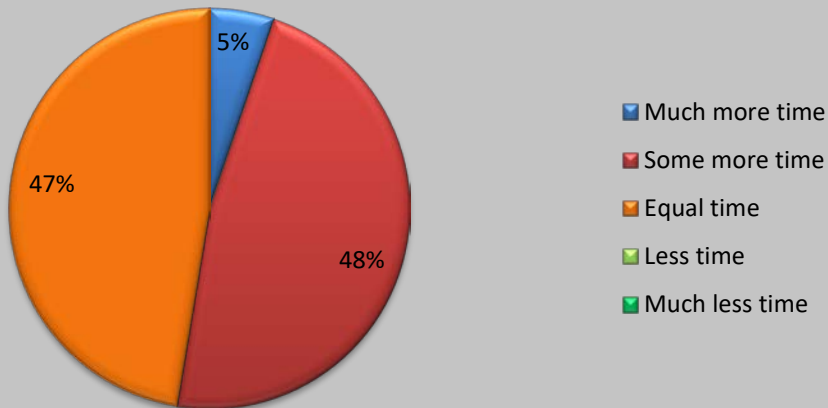
I experience the care for a patient with a family carer during the entire admission period as:



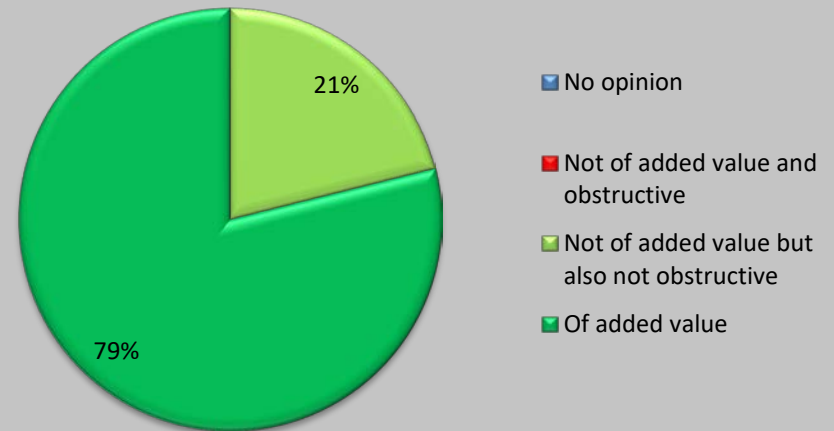
Survey, response rate 42/65 (65%)

& SATISFACTION DOCTORS

Family presence on medical rounds generally costs me:



The presence of a family carer at the medical round is generally:



Survey, response rate 23/45 (51%)

CLINICAL OUTCOMES

OUTCOME	FAMILY PROGRAM (N=20)	CONTROL GROUP (N=20)	p-value
Readmissions	4 (20%)	7 (35%)	0.48
Length of hospital stay (mean)	11,45 (SD 6.1)	13,25 (SD 11.4)	0.65
Complications (overall)	11 (55%)	11 (55%)	>0.99
Complications sensible for fundamental care activities	3 (15%)	4 (20%)	>0.99
Pneumonia	0 (0%)	4 (20%)	0.11
Delirium	1 (5%)	1 (5%)	>0.99
Pressure ulcers	0	0	-
Poor food intake/ malnutrition	2 (10%)	1 (5%)	>0.99

- The family program is feasible for family caregivers, patients and health care professionals
- Some promising results regarding the effectiveness of active involvement of family caregivers during hospitalization after surgery
- A large scale study with a rigorous design is needed

